FORM D SEC Mail Wail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB Number 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response 16.00

PROCESSED

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THOMSON DELITEDS

Name of Offering () check if this is an am Blocks consisting of 33 Units and 67 Call Obl	endment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 50	6 Section	n 4(6) ULOE
Type of Filing: New Filing Am	nendment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the iss	uer		
Name of Issuer (check if this is an amer GVest Infrastructure and Development Fund	ndment and name has changed, and indicate change.) II LLC		
Address of Executive Offices c/o Gracorp Capital Advisors Ltd., 10840 27	(Number and Street, City, State, Zip Code) h Street SE, Calgary, Alberta T2Z 3R6 CANADA	Telephone Numb (403) 570-5157	per (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Numb	per (Including Area Code)
Brief Description of Business Industrial			
Type of Business Organization corporation	limited partnership, already formed	othe	09000272
business trust	limited partnership, to be formed		09000212
Actual or Estimated Date of Incorporation or Or	month Year 11 08	Actual	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service Abbreviation f CN for Canada; FN for other foreign jurisdiction)	or State:	D E
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GENERAL INSTRUCTIONS Note: This is a special Temporary form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise company with all the requirements of § 230.503T.

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION	DATA											
2. Enter the information requested	d for the follo	wing:										
Each promoter of the issu	Each promoter of the issuer, if the issuer has been organized within the past five years;											
 Each beneficial owner is securities of the issuer; 	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;											
Each executive officer an	d director of	corporate issuers and of co	orporate general and manag	ging partners of par	tnership issuers; and							
 Each general and managi 	ng partner of	partnership issuers.										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind Sherrow, Douglas R.	ividual)											
Business or Residence Address (N c/o Gracorp Capital Advisors L				<u> </u>								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind Giles, Bradley J.	ividual)											
Business or Residence Address (N c/o Gracorp Capital Advisors L				A								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind Lenss, David A.	ividual)											
Business or Residence Address (N c/o Gracorp Capital Advisors L				1								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind Graham, Ron	ividual)											
Business or Residence Address (N 9017 Shearwater Road, Blaine,		treet, City, State, Zip Code	e)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind Sherrow, Doug	ividual)											
Business or Residence Address (N 4715 45 th Avenue NE, Seattle, W		treet, City, State, Zip Code	e)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind	ividual)											
Business or Residence Address (N	lumber and S	treet, City, State, Zip Code	2)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if ind	ividual)											
Business or Residence Address (N	lumber and S	treet, City, State, Zip Code	2)									

						,		B.	INF	ORM	ATIC	ON AB	OUT	OFF	ERI	NG							
1. Has	the is	suer so	ıld. o	r does	the is	ssuer ir	ntend	to sell	. to n	on-acc	redite	ed inve	stors	in this	offe	ering?			 			Yes	s No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									U														
										\$5,0	00.00												
										Yes													
3. Does the offering permit joint ownership of a single unit?								\boxtimes															
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. ****NO COMMISSIONS WILL BE PAID*****																							
Full Name (Last name first, if individual)																							
Busines	s or R	Residen	ce A	ddress	(Nur	nber ar	nd St	reet, C	ity, S	tate, Zi	p Co	de)							 				
Name o	f Ass	ociated	Brol	cer or	Deale	er																	
States in	ı Whi	ch Pers	on L	isted I	las S	olicite	d or I	ntends	to Se	olicit P	игсћа	sers											
(Check	"All S	States"	or ch	eck in	divid	ual Sta	ıtes) .		•••••				• • • • • • • • • • • • • • • • • • • •	•••••			••••••	•••••	 		. [A	II States
□ [AL]		[AK]		[AZ]		[AR]		[CA]		[CO]		[CT]		[DE]		[DC]		[FL]	[GA]		[HI]		[ID]
		[IN]		[lA]		[KS]		[KY]		[LA]		[ME]		[MD]		[MA]		[MI]	[MN]		[MS]		[MO]
□ [МТ	J 🗆	[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		[NC]		[ND]		[OH]	[OK]		[OR]		[PA]
☐ [RI]		[SC]		[SD]		[TN]		[TX]		[UT]		[VT]		[VA]		[WA]		[WV]	[WI]		[WY]		[PR]
Full Na	ne (L	ast nan	ne fir	st, if i	ndivid	dual)																	
Busines	s or R	esiden	ce A	ddress	(Nun	nber ar	nd Str	reet, C	ity, S	tate, Zi	р Со	de)											
Name o	f Asso	ociated	Brol	cer or l	Deale	r																	
States in	Whi	ch Pers	on L	isted I	łas S	olicited	d or I	ntends	to So	olicit P	urcha	sers				-	-						
□ [AL]		[AK]		[AZ]		[AR]		[CA]		[CO]		[CT]		[DE]		[DC]		[FL]	[GA]		(HI)		[ID]
		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		[MD]		[MA]		[MI]	[MN]		[MS]		[MO]
□ [МТ		[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		[NC]		[ND]		[OH]	[OK]		[OR]		[PA]
☐ [RI]		{SC}		[SD]		[TN]		{TX}		[UT]		[VT]		[VA]		[WA]		[WV]	[WI]		[WY]		[PR]
Full Na	ne (L	ast nan	ne fir	st, if ir	ndivid	dual)													-	_			
Busines	s or R	esiden	ce A	ddress	(Nun	nber an	ıd Stı	eet, Ci	ity, S	ate, Zi	р Со	de)			<u>-</u>								
Name o	f Asso	ciated	Brok	er or I	Deale	r						_											
States in	Whi	ch Pers	on L	isted F	las S	olicited	or I	ntends	to Sc	licit Pu	ırcha	sers							 		-		 -
(Check "All States" or check individual States)																							
☐ [AL]																			[GA]		[HI]		[ID]
□ [IL]		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		[MD]		[MA]		[MI]	[MN]		[MS]		[MO]
□ [MT]		[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]		[NC]		[ND]		[ОН]	[OK]		[OR]		[PA]
☐ [RI]		[SC]		[SD]		ITNI		[TX]				[VT]										П	(PR1

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box		
	and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Aiready Sold
	Type of Security	•	· ·
	Debt		\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$0.00(1)
	Partnership Interests		\$
	Other (Specify: Membership Interests)		\$309,806.05(1)
	Total	\$ 938,806.22(1)	\$ 309,806.05(1)
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	-8-	\$ 309,806.05
	Non-Accredited Investors	-0-	\$ 0.00
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Delley A verse
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	S
	Regulation A		\$
	Rule 504		s
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	🗵	\$ 10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		\$ 10,000.00

(1) The aggregate offering amount includes the value of blocks offered and sold within the U.S., each block consisting of 33 units and 67 call obligations, together with the amount that may be received by the Issuer upon exercise of the call obligations issued to the U.S. investors in the offering. Each unit is a fractional part of the interests of all members or assignees in the Issuer equal to the quotient of one divided by the total number of units.

_	C. OFFERING PRICE	NUMBER OF INVESTORS, I	XPENSES AND	USE OF PROCEEI	os	
	b. Enter the difference between the aggrega Question I and total expenses furnished difference is the "adjusted gross proceed	n response to Part C - Question 4	.a. This		\$	928,806.22
5.	Indicate below the amount of the adjusted grused for each of the purposes shown. If the a estimate and check the box to the left of the equal the adjusted gross proceeds to the issue above.	mount for any purpose is not kno stimate. The total of the payment	wn, furnish an is listed must			
	above.			Payment to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees] \$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of	machinery and equipment	[] \$		\$
	Construction or leasing of plant buildings and	facilities] \$		\$
	Acquisition of other businesses (including the that may be used in exchange for the assets o merger)	securities of another issuer pursu	ant to a] \$		s
	Repayment of indebtedness] s		\$
	Working capital] s	×	\$ 928,806.22
	Other (specify):		· C	\$		\$
] \$		\$
	Column Totals] s	×	\$ 928,806,22
	Total Payments Listed (column totals added).			⊠ \$	9	228,806.22
		D. FEDERAL SIGNA	TURE			
sigi	s issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer to any non-accommation furnished by the issuer to any non-accommation.	o furnish to the U.S. Securities ar	d Exchange Comr	nission, upon written		
— Is	suer (Print or Type)	Signature		Date		
G	Vest Infrasturcture and Development Fund LLC	By		12-30	o- 06	3
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)	,			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Manager

Bradley J. Giles

